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**** CONTINUING DATA *******

This application is a CIP of 10/674,330 09/29/2003 and is a CIP of 10/675,818 09/29/2003
 and is a CIP of 10/674,324 09/29/2003
 and is a CIP of 10/752,944 01/06/2004
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@ 06/08/06

**** FOREIGN APPLICATIONS *******

— none — @ 06/08/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 16
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>@ 06/08/06</u> Initials				

ADDRESS

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TITLE

Obesity and eating disorder stimulation treatment with neural block

FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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